X SUMMONS FOR WITNESS		DOCKET NUMBER			Trial Court of Massachusetts		
SESSION: V CRIMINIAL	I IIIVENIII E	☐ JURY ☐ MAGISTRATE HEARING	NAME AND ADDRESS OF CO		strict Court Department	YOU MUST	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT				Quincy District Court		APPEAR AT	
				1 Dennis Ryan Parkway		THIS COURT	
Commonwealth vs.				Quility, IVIA 02109		ADDRESS	
					ON THE DATE		
						AND TIME	
				at			
			9/7/2		9am	HEREIN	
			31112	011	Salli		
				DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS				SE(S)		L	
Kate Corbett				ssession to Distri			
Department of Public Health				Conspiracy to Violate Drug Law			
William A. Hinton State Laboratory 305 South Street				Drug violation near school zone Cocaine possession to distribute			
Jamaica Plain, MA 02130				possession to di	stribute		
,							
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:							
You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness							
named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house							
or usual place of abode of the defendant or witness with some person of suitable and discretion then							
residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons							
in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.							
To the above named Witness:							
You are hereby required in the name of the Commonwealth, to make your appearance before							
the Justices of the Court on the date and time noted above, and to appear from time to time							
and day to day thereafter as ordered. You are further required to bring with you:							
and day to day increation as ordered. For are faither required to bring with you.							
	r						
		4 4 3 5			DATE OF ISSUE		
WITNESS: Marker (W) Morrosein							
		U					
	Michael V	V. Morrissey, District Attorney			March 15, 2017		
RETURN OF SERVICE							
I hereby certify that I served the within summons upon the above named Defendant Witness by							
Thoroby corting that I served the within summons apon the above harrion belondant withess by							
Delivering a convert to personally to the defendant or witness							
□ Delivering a copy of it personally to the defendant or witness.							
Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with							
a person of suitable age and discretion residing therein.							
x Mailing a copy of it to the last known address of the defendant or witness.							
□ I received the summons on but I was unable to make service							
DATE RECEIVED							
because:							
DATE OF OFFICE		DIONATURE OF REPORT MARKETS OF	DV//05	THESES	EDOON MARKING GERS "		
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SERVICE			TITLE OF PERSON MAKING SERVICE		
6/23/2011		Marianne Mac Dougall		ADA	ADA		